Dear Senators,

Exhibit No. 17

Date 1/14/2011

Fill No. 88 2

I am writing as a public health dentist of Montana. I recently accepted a position as the DPHHS State Oral Health Program External Evaluator which is essentially the acting State Dental Director. I am a national expert in public health dentistry and evidence-based dentistry. I have a particular interest in vulnerable populations and health disparities.

When the Montana Dental Hygiene Association (MDHA) first requested access to all public schools in MT they did so under the position that there were federal dollars under the 2010 *Patient Protection and Affordable Care Act* that would be granted to all states for the purposes of implementing school sealant programs and that allowing Limited Access Permit (LAP) hygienists in schools for the purpose of school sealant programs would assist the State in meeting the requirements of these grants. (Attachment 1). I purpose that SB 2 as written will impair the State's ability to utilize these valuable grant dollars.

Federal law described in the Public Health Service Act states that school sealant programs are to be limited to schools that have 50% or greater students eligible for free or reduced lunch. This is the nationally recognized surrogate for targeting low-income children thereby ensuring that valuable resources are funneled to the most at risk and vulnerable children. Enacting MT law that conflicts with federal law will cripple the state's ability to utilize the federal grant money and also one of our most valuable resources: the workforce of dental hygienists.

Additionally, also contained in the Public Health Service Act is the requirement of school sealant programs to connect low-income children with comprehensive dental services which by definition is care delivered by the doctor of the dental team: a dentist. SB 2 not only does nothing to ensure hygienist school sealant programs are connecting children in desperate need for care with a dentist, but specifically prohibits any dentists' involvement by nature of its language. SB 2 denies poor children access to comprehensive dental services and again is in direct conflict with the federal law and will cripple the State's ability to utilize federal grant money and squander one of our most valuable resources: the manpower of dental hygienists.

Year after year the hygienist LAP has clearly demonstrated that it has <u>NOT</u> improved access to dental services for those facing challenges accessing traditional dental care. In fact, since the inception of the LAP in 2004, there are only FOUR LAP hygienists across MT on record with the MT Office of Medicaid as having provided <u>ANY</u> dental services to low-income and vulnerable patients even though the LAP was sold to the MT legislature as being an effective mechanism to provide such care.

Considering that SB 2 is in direct conflict with the federal law, does <u>NOT</u> demonstrate a primary interest in providing care to low-income children, does <u>NOT</u> connect low-income children in need of dental services with a dentist and that the dental hygiene community has demonstrated unequivocally that there is no interest within their membership in providing dental services to low-income patients through the LAP <u>SB 2 should be voted down as it squanders valuable resources and does nothing to ensure quality care for at risk low-income children.</u>

As a descriptive counter point to SB 2 dentists across Montana have developed and implemented quality school sealant programs that do comply with federal law. These programs have been established in Browning (focusing on Native American populations), Missoula and Bozeman focusing on low-income populations. These programs provide low-cost and even free care to children, comply with federal regulations, utilize *all* members of the dental team including dentists and dental hygienists and most importantly connect needy children with a regular and comprehensive source of dental care.

Thank you for your hard work and consideration of this very important matter.

Sincerely,

Dr Jane Gillette